

# There is more to Dr Archana Sharma's sad demise

Dear All,

We have organised an online meeting of all stakeholders for filing a suitable action against erring police officials in Rajasthan w.r.t. Dr Archana Sharma suicide. Please do join online meeting at 3:30 pm tomorrow, 2nd April 2022 on this link : : [meet.google.com/bvg-simk-azj](https://meet.google.com/bvg-simk-azj)

**As per newspaper reports (TOI), the police have changed 302 to 304-A.**

<https://timesofindia.indiatimes.com/city/jaipur/former-bjp-mla-held-india-us-a-doc-suicide-case/articleshow/90579234.cms>

**Is correction of section in itself not an admission of negligence on part of the police for which they should be taken to task?**

The doctor was intimidated by pressing wrong sections to the extent that she committed suicide. (abetment?)

**Fundamental right to life with dignity has been taken away not only from Dr Archana Sharma but from the entire medical profession.**

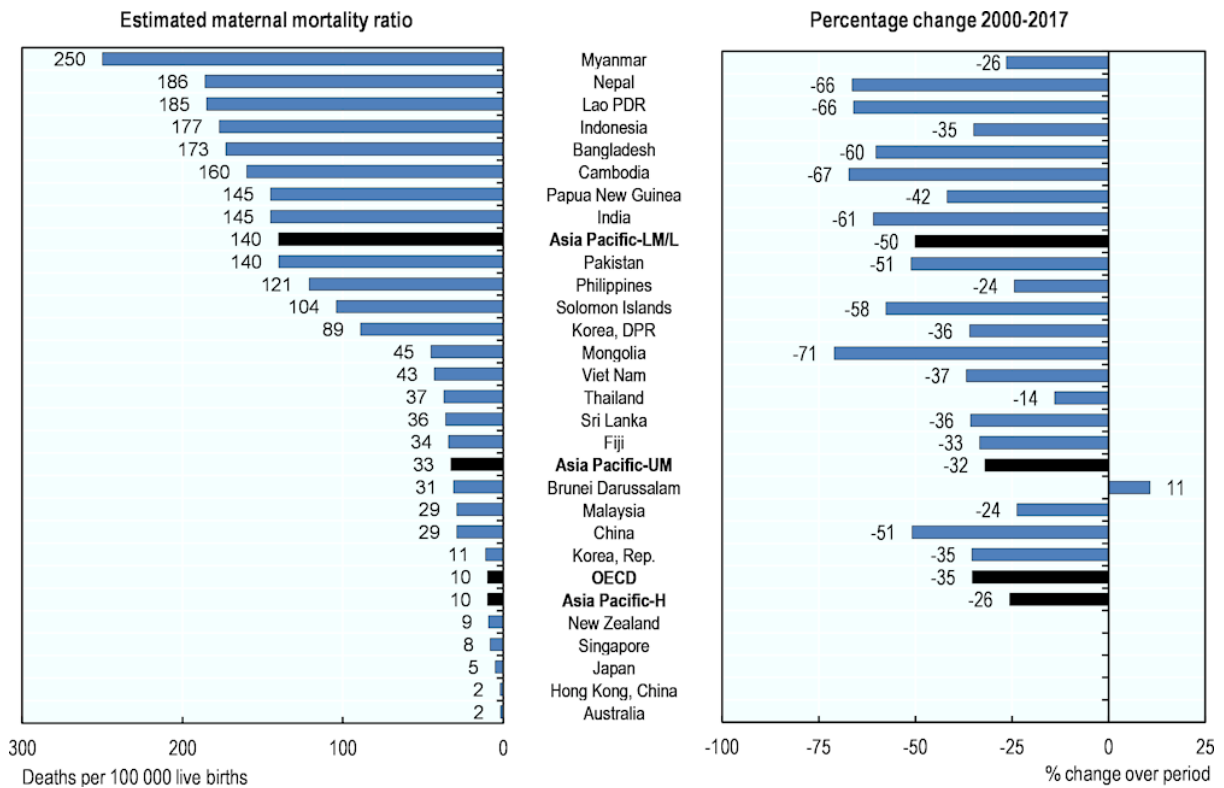
State Governments and Central Government pass the buck for the improvement of healthcare to each other, but doctors have to sacrifice their lives, literally in this case.

I have done some research in this regard which I am submitting below..

**Let us focus on the cause of death of the patient.**

Maternal mortality refers to deaths due to complications from pregnancy or childbirth. From 2000 to 2017, the global maternal mortality ratio declined by 38 per cent – from 342 deaths to **211 deaths per 100,000 live births**, according to UN inter-agency estimates.

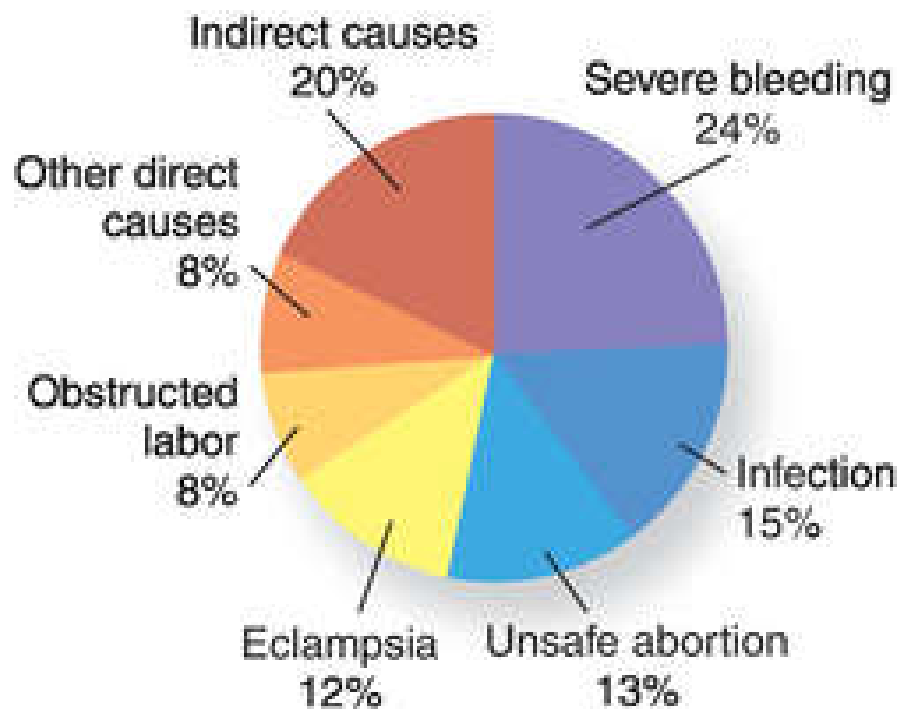
Maternal Mortality Ratio(MMR) of India for the period 2016-18, as per the latest report of the national Sample Registration system (SRS) data is **113/100,000 live births**, declining by 17 points, from 130/ 100,000 live births in 2014-16.

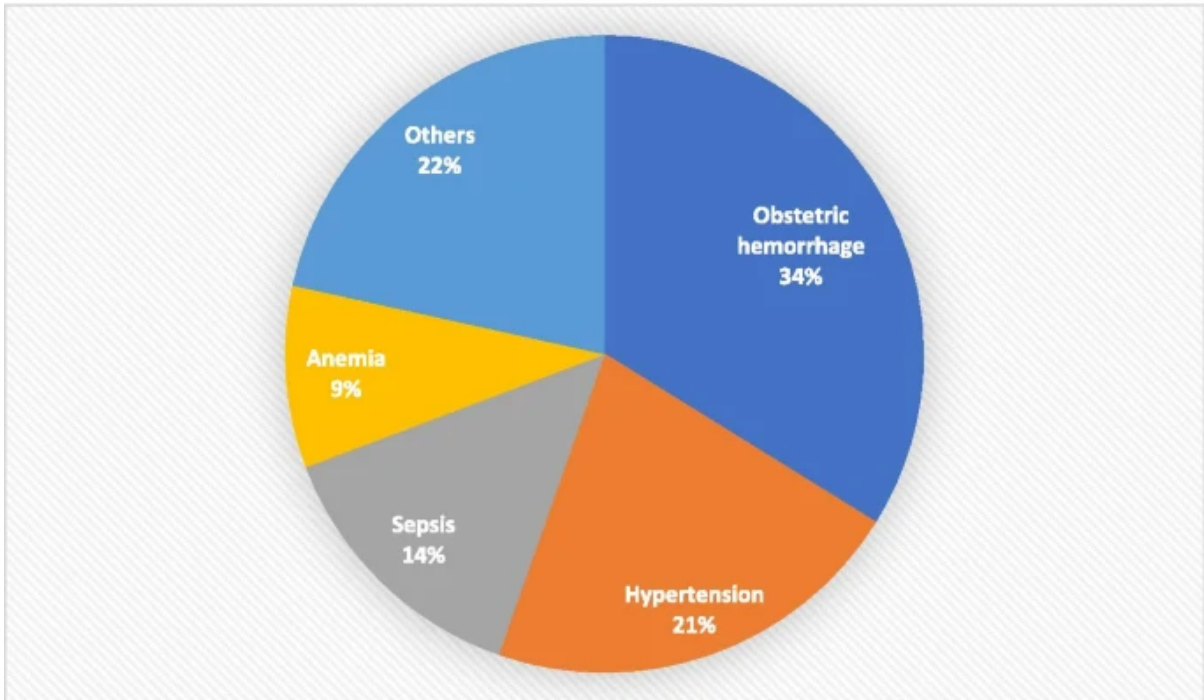


It can be seen from WHO website that Post partum Haemorrhage is one of the most important causes of maternal mortality.

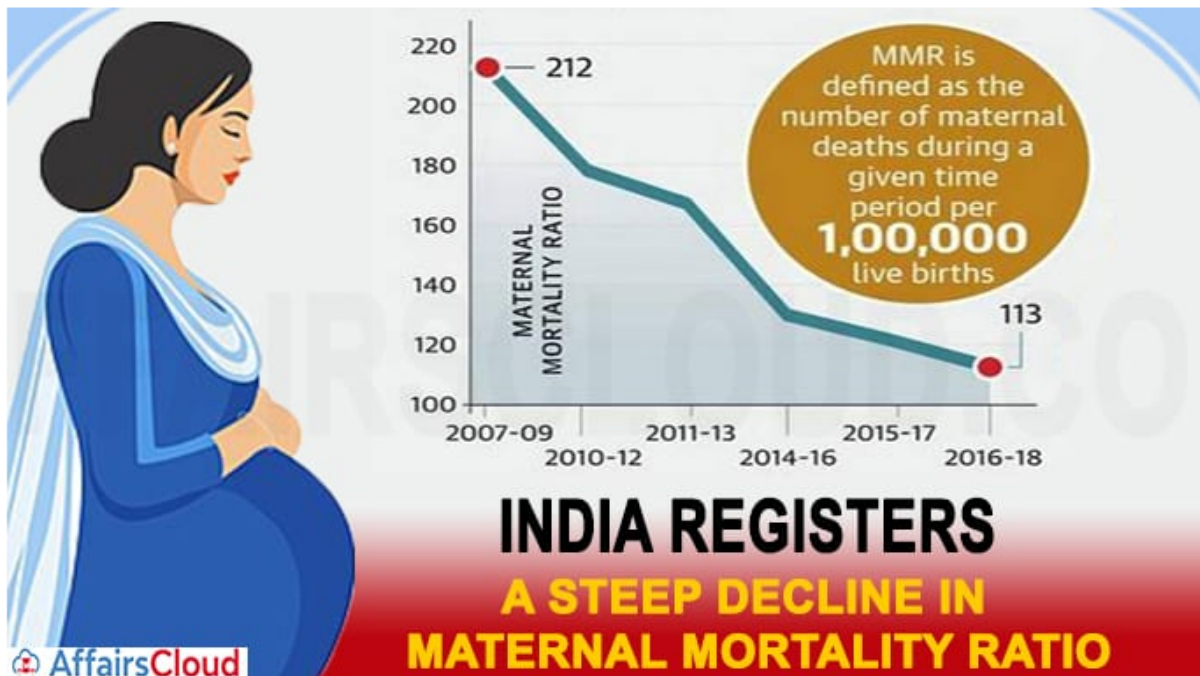
<https://www.who.int/news-room/fact-sheets/detail/maternal-mortality>

It can be seen from diagrams below that haemorrhage / bleeding is most important cause of maternal mortality

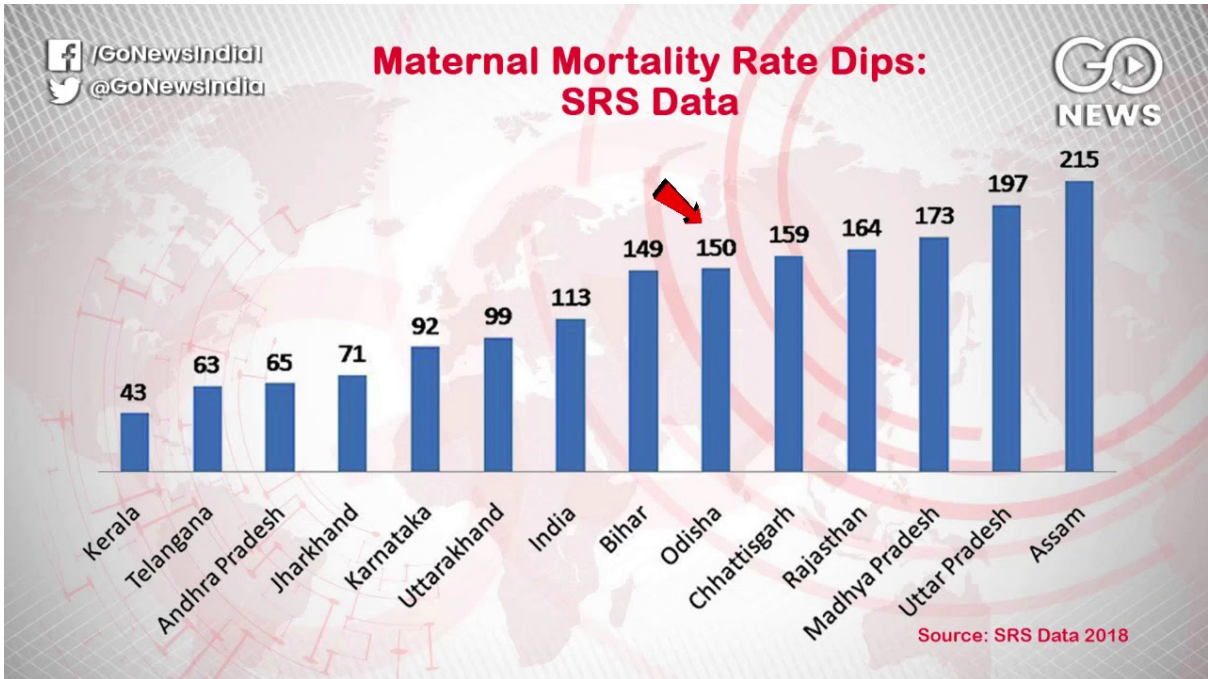




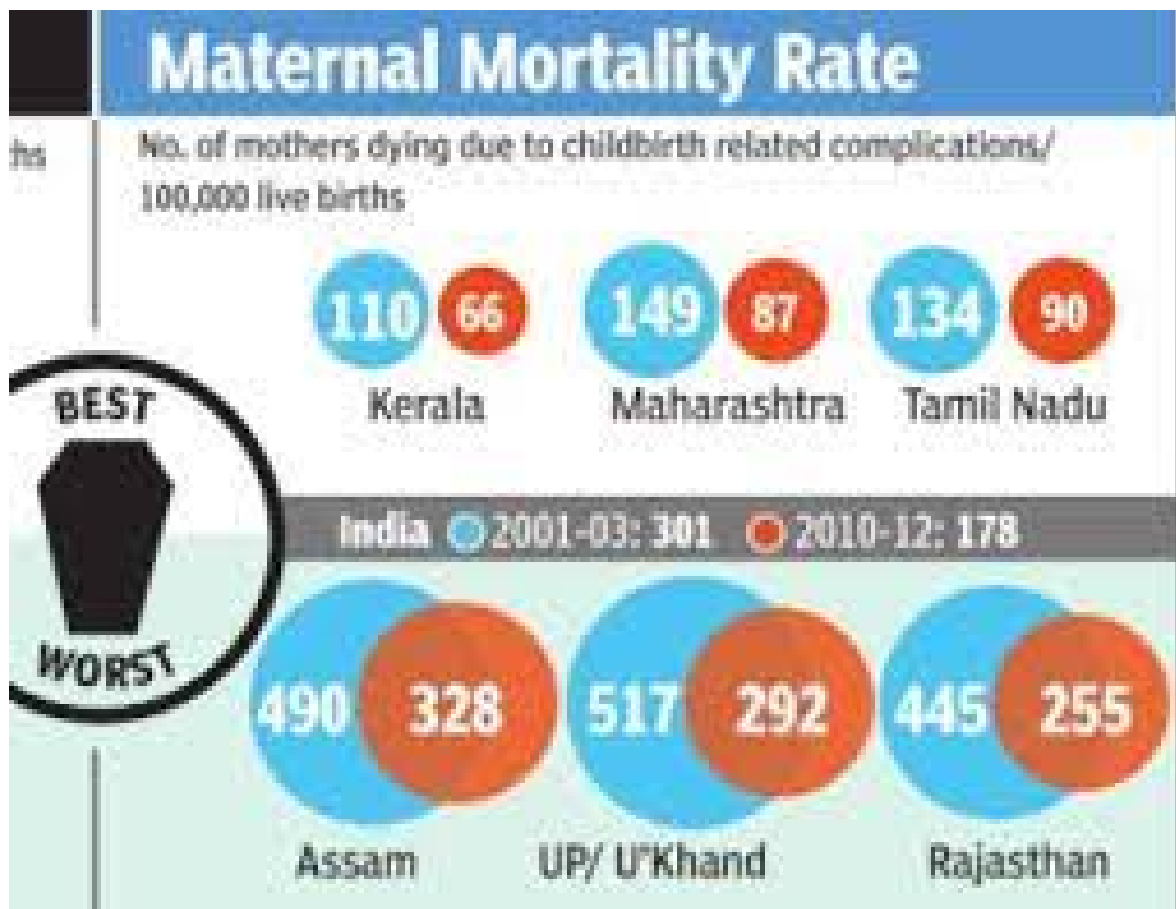
The maternal mortality rate dips in INDIA, as shown in diagram below.  
<https://affairscloud.com/indias-maternal-mortality-ratio-declined-to-113-in-2016-18-registrar-generals-sample-registration-system-srs/>



Rajasthan as a state appears to have failed in creating required infrastructure to prevent maternal deaths, as the maternal mortality ratio is very high as compared to national statistics.



The rate of reduction in Rajasthan's maternal mortality ratio (MMR) has been slow, and it has remained at 445 per 1000 livebirths in 2003.



Therefore the State Government MUST own responsibility for this unfortunate incident.

## Now coming to the death of this patient.

Please note In multivariable analyses, **prolonged second stage was associated with greater than three-fold (OR = 3.35; 95% CI 1.22-9.19) increased risk for PPH.** Conclusion: Prolonged second stage is an important risk factor for PPH. Close supervision is warranted for women with a prolonged second stage.

<https://pubmed.ncbi.nlm.nih.gov/19330706/>

This woman had gone for delivery at Lalsot from where she was referred to the hospital at Dausa. From where she was referred to Government hospital in Jaipur Rajasthan, There it was insisted that she should undergo tubal ligation. The relatives were apprehensive that even if the couple has a fourth daughter, they will be forced to undergo tubectomy. Therefore they decided to shift the patient to Lalsot where she had delivered during first pregnancy. The time taken for travel from Lalsot to Jaipur and back to Lalsot i.e. 140 kms + 140 kms must be about 6 hours minimum. The risk to life of the patient increased during this period. Therefore the doctor was the least responsible for the worst outcome. Society which wants male children, the Government which does not provide adequate infrastructure, and insists on policies of tubectomy after three deliveries is responsible for the death of the patient.

As required the Doctor had reserved 2 bags of blood and inspite of infusing them the patient could not be saved.

It is not a doctor's fault that the patient could not be saved in spite of all efforts. It is just an accident, not negligence.

The doctor was subjected to false FIR and threatened by the police department for which following sections apply

<https://blog.ipleaders.in/false-fir-against-you-steps-to-take/>

<https://www.legalserviceindia.com/legal/article-220-augmentation-of-false-firs-what-are-the-different-remedies-available-in-indian-laws-against-false-cases.html>

<https://indiankanoon.org/search/?formInput=malicious%20complaints>

We all say that childbirth is a second life for any woman. However, those who do not have any knowledge of what happens during delivery of a woman should not be allowed to file malicious complaints vexatiously and illegally against any doctor who is helping a woman undergoing delivery / child birth.

This episode indicates that Gynecologists, especially in Rajasthan are at increased risk of violence due to death of patients due to PPH. Please help me with more academic inputs in this regard.

There should be more demands in the litigation than only action on police, people and politicians as all of us experience such episodes.

**There are various factors which we can call as Host Response which are important in determining the outcome of treatment.**

We need safety from MOB VIOLENCE,

Dr. Rajeev Joshi  
founder / proposer  
Medicos Legal Aid Association  
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**Dr. Rajeev Joshi, MBBS MD Paediatrics, LLB**

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Health Data Interoperability Professional Certified by HL7 and SNOMED-CT International (2017)

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